2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

| DOCUMENT # P03000123890 1. Entity Name LESTER HORNBAKE JR, INC. | | | | | | | 03-20-2000 | 5 90010 02 | .5 ***150 | 0.00 |
|---|---|-------------------------------------|-------------|--|--------------|---------------------|-------------------|------------------------------------|-----------------|----------------------------|
| Principal Place of Business | | Mailing Address | | 1 | | | | | | |
| 12226 SE OHIO AVE ARCADIA, FL 34266 | | 12226 SE OHIO AVE | | | • | ' ц | | | | |
| ARCADIA, FL 34266 ARCADIA, FL 34266 | | | | | | | | | | |
| 2 Principal F | Place of Rusinopp | 3. Mailing Address | | | | | | | | |
| 2. Principal Place of Business | | 3. Walling Addless | | | | | | 86/81 3 8 588 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 03152006 | Chg-P | CR2E0 | 34 (11/05) | |
| City & State | | City & State | | | | 4. FEI Numbe 20-036 | | | ⊢ | plied For at Applicable |
| Zip | Country | Zip | Cour | itry | | | of Status Desired | | \$8.75 Add | fitional |
| | 6. Name and Address of Currer | nt Registered Agent | | | | 7. Name and | Address of Nev | | | _ |
| AMES, ANDREW T CPA | | | | Name | | | | | | |
| 128 W, OAK STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| ARCADIA, FL. 34266 | | | | | | | | | | |
| | • | | | City | | | | | Zip Code | Δ |
| P. The above gamed entity submits this statement for the gureene of abouting its covicts. | | | | | ┌ ┗ ┆ | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | | | | |
| 10. | T | | | | r | ADDITIONS/ | CHANGES TO O | FFICERS AND | | |
| TITLE NAME | HORNBAKE, LESTER JR | ☐ Delete | TITL NAM | | | | | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 1226 SE OHIO AVE | | STRE | ET ADDRESS | BC | 2 BOX | ,291 | Arcadio | LF1. 34 | 265 |
| TITLE | D Delete TITI | | | E | | | | | ☐ Change | Addition |
| NAME ATTREET APPROPRIE | HORNBAKE, VALERIE | - | NAM | | | | | | _ • | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | | | ☐ Change | Addition |
| NAME CTREET ADDRESS | | • • | NAM | - | | | | | | i |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITL | | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAM | | | | | | | • |
| CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAM | | | | | | | |
| CITY-ST-ZIP | | - | 1 | ET ADDRESS - ST- ZIP | | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAM | | | • | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS - ST- ZIP | | | | | | |
| | I certify that the information supplied wi | ith this filing does not qualify fo | | | ontained | Lin Chanter 119 | Florida Statutes | I further cert | ify that the ir | nformation |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are contained in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE

HATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OF DIRECTOR

3-16-06

563-990-0659

Daytime Phone #